BAKER BOTTS in

COPY OF PAPERS	
_	_
ORIGINALLY FILED	

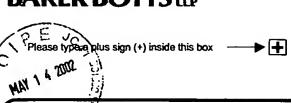
OE	Obase type a plus sign (+) inside this box		+
₹	71	•	

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/085,837
Filing Date	February 28, 2002
First Named Inventor	Kundan Singh
Group Art Unit	(Not Yet Assigned)
Examiner Name	(Not Yet Assigned)
Attorney Docket Number	AP34069 - 070050.1929

I hereby appoint:						
OR	at Customer Number	21003			Place Co Number Label he	Bar Code
	Name			Registra	tion Numbe	er
				 -	·	
as my/our attorney(s business in the Unit) or agent(s) to prosected States Patent and T	ute the application rademark Office co	identi onnec	fied above, ted therewith	and to tran h.	sact all
	orrespondence address ioned Customer Numbo		ntified	application	to:	
OR						
Firm or Individual Name						
Address						
Address				T		
City	 		State	<u>L </u>	Zip	
Country Telephone					····	
			Fax			
I am the: Applicant/Inve	ntor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
	SIGNATURE of	Applicant or Assign	ee of	Record		
Name Kur	dan Singh ,			<u>-</u>		
Signature VI 1						
Date						
NOTE: Signatures of all the in forms if more than one signature.	ventors or assignees of record record required, see below*.	rd of the entire interest	or their	representative	s(s) are requir	red. Submit multiple
☐ *Total of	forms are submitted.					•





COPY OF PAPERS ORIGINALLY FILED

POWER	OF AT	TORNI	EY OR
AUTHOR	IZATIO	N OF	AGENT

Application Number	10/085,837
Filing Date	February 28, 2002
First Named Inventor	Kundan Singh
Group Art Unit	(Not Yet Assigned)
Examiner Name	(Not Yet Assigned)
Attorney Docket Number	AP34069 - 070050.1929

I hereby appoint:				
Practitioners at OR Practitioner(s) no	Customer Number 21003 amed below:	□	Place Customer Number Bar Code Label here	
	Name	Registr	ation Number	
		ļ		
as my/our attorney(s) of business in the United	or agent(s) to prosecute the application in States Patent and Trademark Office con	lentified above, nected therewi	, and to transact all	
Please change the correction	espondence address for the above-identi ned Customer Number.	fied application	n to:	
OR				
Firm or Individual Name				
Address		<u> </u>		
Address				
City		State	Zip	
Country				
Telephone	F	ax		
I am the: Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
	SIGNATURE of Applicant or Assigne	of Record		
Name Henn	ing Schulzrinne			
Signature Was culi-				
Date UMO				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
☐ *Total offorms are submitted.				

BAKER BOTTS LLP

Please type a plus sign (+) inside this box — **→**

COPY OF PAPERS ORIGINALLY FILED

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/085,837
Filing Date	February 28, 2002
First Named Inventor	Kundan Singh
Group Art Unit	(Not Yet Assigned)
Examiner Name	(Not Yet Assigned)
Attorney Docket Number	AP34069 - 070050.1929

I hereby appo	pint:	 ··		
OR	ners at Customer Number 21003		Place Customer Number Bar Code Label here	
	Name	Regis	tration Number	
<u> </u>				
l —				
as my/our attor business in the	mey(s) or agent(s) to prosecute the applic United States Patent and Trademark Of	ation identified abovice connected there	e, and to transact all with.	
	the correspondence address for the abovenentioned Customer Number.	e-identified application	on to:	
OR				
Firm or Individual Na	ame			
Address				
Address				
City		State	Zip	
Country				
Telephone		Fax		
I am the: Applican	t/Inventor.		,	
	e of record of the entire interest. See 37 C nt under 37 CFR 3.73(b) is enclosed. (Fo			
	SIGNATURE of Applicant or A	ssignee of Record		
Name	Gautam Nair			
Signature	Signature			
Date	Date 4/24/2002.			
NOTE: Signatures of all forms if more than one s	the inventors or assignees of record of the entire is signature is required, see below.	nterest or their representa	ntive(s) are required. Submit multiple	
Total of	forms are submitted.		•	